

Application for Postal Account Facility



Customers may avail of an account facility for a number of services including, meter loadings, bulk mailings etc. There are two payment options:

- (a) deposit account
- (b) funds transfer

The deposit account option requires the customer to pay a deposit equivalent to the estimated value of an average of six weeks mailings (minimum deposit €5,000), which is held in trust by An Post. The customer is invoiced monthly for mailings with payment due five working days after billing. Invoices in respect of deposit top-ups are due for payment within seven days of the date of billing.

The funds transfer option requires payment by Direct Debit (DD)/Standing Order (SO) on a monthly basis, on the 15th of the month, equivalent to the estimated value of an average month's postage, with any under and over payments being adjusted on a periodic basis. In the case of Direct Debit the under/over payment will be reflected in the payment in the month following month of invoice.

Name				
Address				
Telephone				
Fax				
CRO Number/VAT Number				
Payment Arrangement	<input type="checkbox"/> Deposit	Amount €	<input type="checkbox"/> Funds Transfer	Amount €
Payment Method	<input type="checkbox"/> Cheque	<input type="checkbox"/> EFT	<input type="checkbox"/> DD	<input type="checkbox"/> SO

Please provide below the details of the person who will authorise payment of invoices.

Name (block capitals)	
Job Title	
Address	
Telephone	
Email Address	

Has your company traded with An Post previously? If so, please indicate below the services you have used:

Bank Details	
Account Name	
Account Number	
Sort Code	
Branch Address	

Trade/Credit References - Please provide two references with application.

Reference 1		Reference 2	
Contact Name		Contact Name	
Company Name		Company Name	
Company Address		Company Address	
Phone No.		Phone No.	

Applicant (block capitals)	
Position	
Signature of Applicant	
Date	

Terms and Conditions

- Bulk Mail account customers must use a docket from their docket book for each mailing.
- Customers monthly funds transfer payments/deposit levels will be reviewed periodically at the discretion of An Post.
- Settlement of invoices will be as per payment arrangement.
- In the event that payment terms are breached, the account facility may be suspended. An Post may apply an administrative fee associated with failed payments and interest charges on overdue balances.
- If using EFT for payment, a remittance advice must be sent to Sales Accounting I, Room 2D, GPO, Lower O'Connell Street, Dublin 1 or by e-mail to, mails.revenue@anpost.ie

FOR OFFICE USE ONLY	
Account approved by (block capitals)	
Signature	
Date	

SEPA Direct Debit Mandate	
Unique Mandate Reference	<div style="border: 1px solid black; display: flex; align-items: center;"> L P 1 <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div> <small>(Unique Mandate Reference will be created by Mails Revenue Section)</small>
Creditor Identifier	IE83ZZZ300887
<p>By signing this mandate form, you authorise (A) An Post to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from An Post.</p> <p>As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.</p> <p>Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.</p>	
<p style="text-align: center;">Please complete all the fields below marked *</p> <div style="display: flex; margin-bottom: 10px;"> <div style="width: 20%;">Name of Bank Account Holder:</div> <div style="border: 1px solid black; width: 80%; height: 30px;"></div> </div> <small>(Name on Debtor's Bank Account)</small> <div style="display: flex; margin-bottom: 10px;"> <div style="width: 20%;">Bank Account Holder Address:</div> <div style="border: 1px solid black; width: 80%; height: 60px;"></div> </div> <div style="display: flex; margin-bottom: 10px;"> <div style="width: 20%;">City/Post Code:</div> <div style="border: 1px solid black; width: 80%; height: 30px;"></div> </div> <div style="display: flex; margin-bottom: 10px;"> <div style="width: 20%;">Country:</div> <div style="border: 1px solid black; width: 40%; height: 30px;"></div> </div> <div style="display: flex; margin-bottom: 10px;"> <div style="width: 20%;">Bank Account Holder's IBAN Number:</div> <div style="border: 1px solid black; width: 80%; height: 40px; position: relative;"> <!-- IBAN grid representation --> </div> </div> <div style="display: flex; margin-bottom: 10px;"> <div style="width: 20%;">Bank Account Holder Identifier Code - BIC / SWIFT:</div> <div style="border: 1px solid black; width: 40%; height: 30px;"></div> </div>	
<p><i>Please return to:</i></p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> An Post Gerry Doyle Mails Revenue Section, Room 2D General Post Office Dublin 1 Ireland </div>	
Creditor Name: Creditor Address: City: Country:	
Type of Payment:	Recurrent payment <input checked="" type="checkbox"/>
Date of signature:	* <div style="border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></div>
Signature(s):	* <div style="border: 1px solid black; display: inline-block; width: 250px; height: 30px;"></div> <small>(Authorised Signatories of Bank Account Holder above)</small>
Block Capitals:	* <div style="border: 1px solid black; display: inline-block; width: 250px; height: 30px;"></div>



(Unique Mandate Reference will be created by Mails Revenue Section)

IE83ZZZ300887

By signing this mandate form, you authorise (A) An Post to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from An Post.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked *

Name of Bank
Account Holder:

(Name on Debtor's Bank Account)

Bank Account Holder
Address:

City/Post Code:

Country:

Bank Account Holder's
IBAN Number:

Bank Account Holder
Identifier Code -
BIC / SWIFT:

Please return to:

Creditor Name:
Creditor Address:

An Post
Gerry Doyle
Mails Revenue Section, Room 2D
General Post Office
Dublin 1
Ireland

Type of Payment:

Recurrent payment

Date of signature:

(Authorized Signatories of Bank Account Holder above)

Block Capitals: